

Wisconsin Department of Regulation & Licensing

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PHARMACY EXAMINING BOARD

CERTIFICATION OF

FOREIGN GRADUATE INTERNSHIP IN THE PRACTICE OF PHARMACY

THIS FORM MUST BE COMPLETED BY YOUR SUPERVISING PHARMACIST AND RETURNED TO THE PHARMACY EXAMINING BOARD

Wis. Admin. Code § Phar 17.02(3) Definition

(3) "Foreign graduate internship" means the practice of pharmacy by a person who has first filed an application with the board for original licensure under s. Phar 2.02 and has not graduated from a professional bachelor's of science degree in pharmacy or doctor of pharmacy degree granting institution located in this or another state.

Wis. Admin. Code Phar 17.04 Foreign graduate internship.

(1) Prior to performing duties as an intern or to receiving credit for hours participating in a foreign graduate internship the person must file an application with the board for original licensure under s. Phar 2.02.

(2) A foreign graduate internship is limited to performing duties constituting the practice of pharmacy under the supervision of a supervising pharmacist. The supervising pharmacist shall keep a written record of the hours and location worked by an intern under his or her supervision, signed by the intern and the supervising pharmacist. The written record shall be produced to the board upon request.

(3) A person shall not further engage in the practice of pharmacy as a foreign graduate intern in excess of 2000 hours unless that person first submits to the board evidence of having obtained certification by the foreign pharmacy graduate examination committee.

(4) Upon completing a maximum of 3000 hours of the practice of pharmacy in a foreign graduate internship, the internship is terminated and the person shall not further engage in the practice of pharmacy until obtaining licensure from the board.

Wis. Admin. Code § Phar 17.02(9) "Supervising pharmacist" means a pharmacist who supervises and is responsible for the actions of an intern in the practice of pharmacy.

This form may be copied and additional copies are to be submitted every 6 months to the board office.

APPLICANT - PLEASE COMPLETE THIS SECTION:

Date of Graduation

Name (First, Middle, Maiden, Last)

Address (Street, City, State, Zip)

SUPERVISING PHARMACIST - PLEASE COMPLETE THIS SECTION:

I have supervised the applicant for a total of _____ hours (limited to a maximum of 3000 hours) in an internship in the practice of pharmacy from ____/____/____ to ____/____/____.
date date

The undersigned, having been duly sworn on oath, states that the facts and statements herein contained are true and correct based upon personal knowledge of the undersigned.

Supervising Pharmacist

Wis. License #

(____) _____
Daytime phone #

Date

Internship Location- Name and Address (Name, Street, City, State, Zip Code)

State of

County of

Subscribed and sworn before me this ____ day
of _____, 20____
by _____

S E A L

Notary Public, State of

My commission expires:

#2534 (11/02)

Ch. 450, Stats.

Committed to Equal Opportunity in Employment and Licensing